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SERIAL NUMBER 10/801,520	FILING OR 371(c) DATE 03/16/2004 RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO.
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## APPLICANTS

Elizabeth A. Mazzio, Tallahassee, FL;  
 Karam F. Soliman, Tallahassee, FL;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/456,817 03/21/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	2	21	1
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

KARAM SOLIMAN FLORIDA A AND M UNIVERSITY  
 COLEGE OF PHARMACY AND PHARMACEUTICAL SCIENCE  
 104 DYSON BUILDING  
 Tallahassee, FL32307

## TITLE

TOPICAL TREATMENT FOR DYSHIDROSIS (POMPHOLYX) AND DRY SKIN DISORDERS

FILING FEE RECEIVED 1019	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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